NAME OF CEMETERY OR CREMATORY

FUNERAL DIRECTOR'S

LOCATION (City, talvin, or county)

(State)

FUNERAL DIRECTOR:

death

A15C

23. BURIAL, CREMATION,

REMOVAL (SPECIFY)

REC'D BY REGISTRAR

2 YI

DATE THEREOF

HTARO TO STANISHTERS OF DEATH

WARTENAM STATE DEPARTMENT OF HEALTH-WARTENAMED TO

SECT OF DEC

BECEINE

BUREAU V. L.

10 EV 154

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11756 CERTIFICATE OF DEATH

11756

D D	ist. No	64	
ME) OF DECEA	SED		
COOMIT	oline		
rrite RURAL and give	nearest town)		
ırg		X	
[If rural give location	on)	1	
entral Ave	nue		
ATE (Month)	(Day)	(Year)	=
EATH Decem		19	
		IF UNDER 24 HI	_
yrs. Month	B Days	Hours Min	
	12. CITIZEI	N OF WHAT	_
9	U.S.	A.	
1			
illiems, F	'ederel	chure M	7
ا و دورانات مادرانیات			-
		RVAL BETWEEN ET AND DEATH	
	2	days	_
	5	mon	
		mon.	-
	7	mon.	
		-2 yr.	_
	20	AUTOPSY?	

			CEASED
ARYLAND	STATE Maryla	nd county	Caroline
NGTH OF STAY	CITY (If outside corpo	rata limits, write RURAL an	d give nearest town)
l years	TOWN Fede:	ralsburg	4
	STREET	(If rural give	location)
	ADDRESS 109 W	est Central	Avenue
,	•	OF	
d January		9. AGE lest birthday 85 yrs.	HOUNDER 1 YEAR HOURS AMONTHS Days Hours Min.
STRY			12. CITIZEN OF WHAT COUNTRY?
	Mary Jane	Smith	
IAL SECURITY NO.			
one	Mrs. Jacob	O. Williams	. Federalsburg .Md
	FICATION		interval between onset and death
la			5 mon.
us cell care	inoma, lt. esi	- Essai	7 mon.
	ovascular dis	sease.	1-2 yr.
	lt.ear		20. AUTOPSY? YES NO
, fectory, 21c. Idg., etc.)	WHERE DID INJURY OCCU	R? (City or town)	(County) (Stele)
Not while et work			
rom 11-2-	, 1955 , to	2-13 , 1955	, that I last saw the deceased
death occurred at	:15AM, from the c	auses and on the da	ate stated above.
M.D.			Dec. 15, 1955
*****		LOCATION (City, Iown,	
ME OF CEMETERY OR CR			
Hill Crest C	emetery 25. FUNERAL DIRECTOR'S	Federalsb	urg, Maryland
	d January BUSINESS III. STAL SECURITY NO. IONE B. DATE OF IONE BUSINESS III. COMPANY IN IONE B. DATE OF IONE III. III. III. III. III. III. III. I	In his place) I years Town Fede: STREET ADDRESS TOWN FEDE: STREET ADRESS TOWN FEDE: STREET ADDRESS TOWN FE	In his place) I years Town Federalsburg STREET ADDRESS 109 West Central ton Anderson DEATH De DE DE DE DE DE DE DE DE DE

MARYLAND STATE DIPARTHEUT OF HEAVITH-PARTHINGER, IV

HTASO CERTIFICATE OF DEATH

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What is not the first of the property of the p

DEC 88 1622

11757 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

No. 64 MEDICAL EXAMINER'S CERTIFICATE DEATH OF

county Caroline		2. USUAL RESIDEN	ICE (HOME) OF DEC	EASED:	
	MARYLAND	STATE Mary	land county	Caroli	ne
CITY (If outside corporate limits, write RU OR and give nearest town) TOWN Federalsburg	RAL LENGTH OF STAY (in this place) 10 years	II OR	corporate limits write	RURAL :	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS River Road		STREET ADDRESS	(If rural, g River Road	ive location) /
3. NAME OF (First) DECEASED: (Type or Print) Charles	(Middle) Wesley	(Last) Dickerson	4. DATE (Mo		7 (Year) 7 1955
5. SEX: 6. COLOR OR 7. SINGI	E, MARRIED, 8. DATI		9. AGE last birthday:	IF UNDER	I YEAR IF UNDER 24 HRS. Days Hours Min.
	10b. KIND OF BUSINESS OF INDUSTRY:	R II. BIRTHPLAC	E (State or foreign co		12. CITIZEN OF WILAT COUNTRY? U.S.A.
13. FATHER'S NAME:		14. MOTHER'S MA			
Charles Henry Dick	erson	Ann Maria	Thomason		
15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unk.) (If Yes, give war or dates of	16. SOCIAL SECURITY No.:	17. INFORMANT &	ADDRESS:		
No service)	183-20-8497	Louise Bolde	n, Wilmington	, Dela	Ware
Immediate cause Antecedent cause(s)		lor Deser			Several your-
giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED	TO THE				
giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO THE				20. AUTOPSY? Yes 🗆 No 🗆
giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING DEATH 192. DATE OF OPERATION: 19b. MAJOR R 21a. EXTERNAL CAUSE WAS PRIMARY Tor CONTRIBUTING	TRIBUTING TO THE ATH. FINDING OF OPERATION: PLACE (Home, farm, factory) Street, office bldg., etc.	, 21c. (City or town)	rn) (Coun	ty)	
giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING DEATH DATE OF OPERATION: 19b. MAJOR E 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	TRIBUTING TO THE ATH. INDING OF OPERATION:	••	vn) (Count	ty)	Yes 🗆 No 🗀

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The same is expecially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

125.7. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 64

rrect	MEDICAL EXAMINE	R'S CER	TIFICATE		H No. 64
000	I. PLACE OF DEATH:		2. USUAL RESIDENCE	E (HOME) OF DECEASED	
The	county Caroline	MARYLAND	STATE Maryl	and county Carol	ine
y.	CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside	corporate limits write RURAI	
full	OR and give nearest town) X TOWN Federalsburg - Rural	(in this place) 5 months	OR TOWN F	ederalsburg - Ru	ral
carefully. The correct and legibly.	HOSPITAL OR INSTITUTION OR STREET ADDRESS Hear Allen's Cor	270,027	STREET ADDRESS	(If rural, give locat	
ion	TOUR AND OUR	iddle)	(Last)	4. DATE (Month)	(Day) (Year)
mat	DECEASED: (Type or Print) Clarence	D	uley	OF DEATH Decembe	
of information f death clearly	5. SEX: 6. COLOR OR 7. SINGLE. MARCE: WIDOWED. (Specify): Plant of the colored (Specify): Plant of the colored (Specify): Plant of the color of	DIVORCED.	of BIRTH: 9	AGE last birthday: IF UND Month	ER I YEAR IF UNDER 24 HRS. S Days Hours Min.
Supply every item of inforwrite the causes of death	10a. USUAL OCCUPATION (Give kind of 10b. KI work done during most of work life,	ND OF BUSINESS OF IDUSTRY:	R II. BIRTHPLACE	(State or foreign country):	COUNTRY?
ite	even if retired): Day Laborer	Logging	Rocky Moun	DEN NAME:	U.S.A.
Can	Unknown		Unknown		
he	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 Se	CIAL SECURITY No.:	17. INFORMANT & A	DDRESS:	
o the	(Yes, no, or unk.) (If Yes, give war or dates of Service)	denown	Mary B. Duley	, Federalsburg, 1	laryland
	I. DISEASES OR CONDITIONS DIRECTLY LEADING		AL CERTIFICATION		INTERVAL BETWEEN
INK.			e. Show	A	INSET AND DEATH
ADING icians:]	Antecedent cause(s)	12-012	record . 17	Chest	
DI	Diseases or conditions, if any, (b)	and all and an art firm that	tronglower the state of a second		onggan arrivetticita marinin
FA 73ic	stating underlying cause last (c)				
I UNFADING. Physicians:	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING DEATH.	THE			
WRITE PLAINLY, WITH ge is especially important.	19a. DATE OF OPERATION: 19b. MAJOR FINDIN				20. AUTOPSY? Yes No No
imp	21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF CAUSE OF DEATH.	(Home, farm, factory, street, office bldg., etc.	· Made	rabelines Caroli	(State)
LAIN	21d. TIME (Month) (Day) (Year) (Hour) 21e. IN.	JURY OCCURRED		Chat Krauns	
Pec	22. I hereby certify that I took charge of t	he remains describ	ed above, held an	Autopsy [], Inspection	Inquiry X, and
TE	find that death resulted from: Natural	causes [], Accid	lent [], Suicide [, Homicide L. Und	letermined cause DATE SIGNED
WRI ge is	Glisson & George	_	M. D. ASSIST	MEDICAL EXAMINER Y MEDICAL EXAMINER ANT MEDICAL EXAM.	B 12/26/55
ASE	23. BURIAL, CREMATION, DATE THEREOF REMOVAL (Specify): Jan. 3, 1956	NAME OF CEMETER Federal Hill		Federalsburg,	or county) (State)
PLEA	DATE REC'D BY LOCAL REGISTRAR'S SIGNA	TURE	24. FUNERAL DIR	ECTOR	ADDRESS
PI	Jan. 3 1950 margaret H.	Framptom	J.J.Frampto	m and Son, Federal	Lsburg, Ind.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

DECEDAED

EUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11759

2411 N. Charles Street, Baltimore

12578

CERTIFICATE OF DEATH

Reg. Dist. No.

4			
The	I. PLACE OF DEATH- COUNTY CAT A LUCE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- COUNT	Y Carolina
ully.	CITY (If outside corporate limits, write RURAL and Corporate limits, write	CITY (If outside exporate limits, write RURAL and groups	ve nearest town)
caref d legi	HOSPITAL OR INSTITUTION OR OSTREET ADDRESS	STREET (If rural, give location)	7
ation ly an	8. NAME OF DECEASED S Figst). (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
Supply every item of information carefully write the causes of death clearly and legibly.	(Type or Print) 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		1955 1 year If under 24 hrs. Days Hours Min.
death	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even in retired). INDUSTRY		2. CITIZEN OF WHAT
item ses of	13. FATURE'S NAME	MOTHER'S MAIDEN NAME	4.5.
every e caus	15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service)	IT. INFORMANT	T. 7.1
P20		CALCALL - TANK	A VILL MO
Supp	18. MEDICAL CE I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0	INTERVAL BETWERN ONSET AND DEATE
INK. please	Immediate cause Antecedent cause(s) Diseases or conditions, if any, (b) Arturos large	ial Lyfostion	3 week
-	Antecedent cause(s) Diseases or conditions, if any, (b) articipality	the Corange D region	142
VFADING Physicians:	giving rise to the above cause stating the underlying cause last		/
Phy	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
rH U	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	4	20. AUTÒPSY? Yes □ No ()
WI	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY	
NLY	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
PLEASE WRITE PLAINLY, WITH UNFADING is especially important. Physicians:	22. I hereby certify that I attended the deceased froml.1.1.1.1	, 1954, to 12/12/, 1955, that I last:	saw the deceased
TE]	alive on 12/10/, 1953, and that death occurred at	ADDRESS	tated above.
WR	B Cof Tu-D.	Tasta Tung.	4
ASE	23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	DERY OR CREMATORY LOCATION (City, town, or coun	and (State)
PLE	DATE REC'D BY LUCAL REGISTRAT'S SIGNATURE	24 FUNERAL DIRECTOR M. E. Ne 1 May + Say	ADDRESS
	Cornelia S. Plummery	2	me

The correct age

MARGIN RESERVED FOR BINDING

Two Fee Car CERTIFICATE Felow \$191- 1/20/06 Mint.



3261 TI NAL

BECEINED

11758 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11769			
	CERTIFICATE	OT	TENTS A STREET

I. PLACE OF DEATH: COUNTY CAPOLINE COUNTY CAPOLINE CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) TOWN RURAL TROUBSORO 33 Yrs. HOSPITAL OR INSTITUTION OR STATE ADDRESS NONE 3. NAME OF (First) (Middle) (Last) TOWN Rural Treensho I. STREET ADDRESS NONE 3. NAME OF (First) (Middle) (Last) ADDRESS NONE 3. NAME OF (First) (Middle) (Last) ADDRESS NONE 3. NAME OF (First) (Middle) Harper DEATH: 12 5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. WINDOWSCO. DIVORCED. 3/4/1889 100. USUAL OCCUPATION (Give kind of low work done during most of working life. Hospitalistic for the low work done during most of working life. Hospitalistic for the low work done during most of working life. Hospitalistic for the low work done during most of working life. Hospitalistic for the low work done during most of working life. Hospitalistic for the low work done during most of working life. Hospitalistic for the low constitution of the low work done during most of working life. Hospitalistic for the low constitution of the labove cause stating underlying Cause last. (A) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DISEASES OR CONDITIONS CONTRIBUTING 10 THER SIGNIFICANT CONDITIONS CONTRIBUTING 10 THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 192. ACCIDENT WAS UNDERLYING OF INJURY street, office bidg., etc. INJURY OCCUR? 212. ACCIDENT WAS UNDERLYING OF INJURY street, office bidg., etc. INJURY OCCUR?	URAL and give nearest town) (O
CITY (II outside corporate limits, write RURAL CRACK (In this place) OR and give nearest town) TOWN RUTAL TREEDSOFO TOWN RUTAL TREE	(Day) (Year) 19 55 19 UNDER 1 YEAR IF UNDER 24 MRS. Hours Min. 12. CITIZEN OF WHAT COUNTRY?
CITY (If outside corporate limits, write RURAL OR and give nearest town) OR and give nearest town TOWN RUTAL TROOPSDOTO TOWN RUTAL TRO	(Day) (Year) 19 55 19 UNDER 1 YEAR HOURS Min. 12. CITIZEN OF WHAT COUNTRY?
TOWN RURAL TREENSORS HOSPITAL OR INSTITUTION OR IN	Ocation) (Day) (Year) 19 55 19 UNDER 1 YEAR IF UNDER 24 HRS. Hours Min. (): 12. CITIZEN OF WHAT COUNTRY?
HOSPITAL OR INSTITUTION OR ISTREET ADDRESS NONE IN STREET ADDRESS NOTE IN STERPE ADDRESS NOTE IN STREET ADDRESS NOTE IN ST	Ocation) (Day) (Year) 19 55 19 UNDER 1 YEAR IF UNDER 24 HRS. Hours Min. (): 12. CITIZEN OF WHAT COUNTRY?
S. NAME OF (First) (Middle) (Last) 4. DATE (Month DECRASED) (Type or Print) L. Anna Harper DEATH: 12 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 3/4/1889 66 yrs. Month Work done during most of working life. None Work done during most of working life. None Thomas Highutt 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME. 15. WAS DECEASED EVER IN U.S. ARMED FORCEST (Vigorous) of service) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: (Vigorous) of service) 17. INFORMANT & ADDRESS: (Vigorous) (If Yes, give war or dates Hone of service) 18. MEDICAL CERTIFICATION 19. AGE Last birthday Information of Individual Name. Rachel Nicholes 19. MEDICAL CERTIFICATION 19. MEDICAL CERTIFICATION 19. MEDICAL CERTIFICATION 19. MEDICAL CERTIFICATION 19. CONDITIONS DIRECTLY LEADING TO DEATH 19. DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) (C) 10. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 199. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 210. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) OF INJURY street, office bidg., etc. INJURY OCCUR?	19 55 19 UNDER 1 YEAR IF UNDER 24 HRS. Thinks Days Hours Min. 12. CITIZEN OF WHAT COUNTRY?
DECEASED: (Type or Print) 5. SEX: (Type or Print) 6. COLOR OR 7. SINGLE. MARRIED. (Type or Print) 7. SINGLE. MARRIED. (Type or Print) 8. DATE OF BIRTH: (Type or Print) 7. SINGLE. MARRIED. (Type or Print) 8. DATE OF BIRTH: (Type or Print) 8. DATE OF BIRTH: (Type or Print) 8. DATE OF BIRTH: (Type or Print) 8. AGE last birthday if Mylowether. (Type or Print) 8. DATE OF BIRTH: (Type or Print) 8. DATE OF BIRTH: (Type or Print) 9. AGE last birthday if Mylowether. (Type or Print) 10. SINDLE OF BUSINESS (The Marking life. (Type or Print) 11. BIRTHPLACE (State or foreign country or individual	19 55 19 UNDER 1 YEAR IF UNDER 24 HRS. Thinks Days Hours Min. 12. CITIZEN OF WHAT COUNTRY?
Type or Print) 5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. Female White Wiseward Juvane 1 10 10 10 10 10 10 10 10 10 10 10 10 1	UNDER 1 YEAR IF UNDER 24 MRS. Onths Days Hours Min. 1: 12. CITIZEN OF WHAT COUNTRY?
Female White Widerwar 3/4/1889 66 yrs. M No. Usual occupation (Give kind of work done during most of working life. OR INDUSTRY: Homo-Grand Highest No. Thomas Highe	onths Days Hours Min.): 12. CITIZEN OF WHAT COUNTRY?
work done during most of working life. I Home with the state of the s	COUNTRY?
13. FATHER'S NAME: Thomas Hignutt Thomas Hig	U.S.A.
Thomas Hignutt Rachel Nicholes 15. Was Deceased Ever in U.S. Armed Forcest (Yes, no, or unk.) (If Yes, give war or dates of service) 16. Social Security No. 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of service) 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH (A) DUE TO DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19a. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc., INJURY OCCUR?	
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IMMEDIATE CAUSE ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, office bidg., etc. INJURY OCCUR?	INTERVAL BETWEEN
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ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS. IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, office bidg., etc. INJURY OCCUR?	
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II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19a. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, or contributing Cause of Death Of Injury street, office bidg., etc. Injury occur?	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, or contributing Cause of Death Of Injury street, office bldg., etc. Injury occur?	
19a. DATE OF OPERATION: 19a. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc. INJURY OCCUR?	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	20. AUTOPSY?
	(County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work	
	4 T land many 41 3 3
22. I hereby certify that I attended the deceased from lov, 10., 19 55 to lee. 19, 1955 tha	I last saw the deceased
alive on Account 19. 1955, and that death occurred at 8A. M. from the causes and on the signature	e date stated above
tellerles X O Tolles Jer M.D. Fileses Otto, Cle	DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, REMOVAL (SPECIFY) 12/22/55 Greensboro Greensboro	roline Mil
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 12/22/5 5 8 My Town 4 6 Bouland Street	town, or county) (State)

VS. A15-10-53

PLEASE TYPE

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TE Guerre Commerce 11 6

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 CERTIFICATE OF DEATH Reg. Dist. No. 6/ 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Caroline STATE Maryland county Jaroline MARYLAND CITY (If outside corporate limits, write RURAL) CITY(If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY and give nearest town) dip this place) OR Greensboro TOWN HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS None None STREET ADDRESS (First) (Middle) (Last) DATE (Month) (Day) (Year) OF DEATH:12 5519 Melvin Henson 6. COLOR OR 17. SINGLE, MARRIED 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER I YEAR IF UNDER 24 HRS. WIDOWED, DIVORCED, Months | Dava (Special) ed OA. USUAL OCCUPATION (Give kind of) 108 KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT work done during most of working life. OR INDUSTRY: COUNTRY? Retired Carpenter Delamare 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: Smi th James A. Helvin 17. INFORMANT & ADDRESS: 15. WAS DECEASED EVER IN U.S. ARMED FORCEST IS SOCIAL SECURITY [Yes, no, or unk.] (If Yes, give war or dates Bertha Melvin Greensboro, Md. of service) MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH (A) DUE TO (B) DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISEASE OR CONDITION CAUSING DEATH. 194 DATE OF OPERATION: | 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY?

11 " IMMEDIATE CAUSE ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. A 6-13 % TO THE DEATH BUT NOT RELATED TO THE

YES [NO T (County) (State)

DATE SIGNED

OF INJURY

21a. ACCIDENT WAS UNDERLYING | 21a. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D TIME (Month) (Day) (Year) (Hour)

21E INJURY OCCURRED While Not while at work at work

21F. HOW DID INJURY OCCUR?

INJURY OCCUR?

21c. WHERE DID (City or town)

22. I hereby certify that I attended the deceased from bee. 1955, to New 1955, that I last saw the deceased and that death occurred at / 30/M from the causes and on the date stated above. ADDRESS

NAME OF CEMETERY OR CREMATORY 23. BURIAL, CREMATION, REMOVAL (SPECIFY) Silverbrook

wilmington, Del. ADDRESS

LOCATION (City, town, or county)

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COUNTY

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3. NAME OF

5. SEX:

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(State)

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11762 CERTIFICATE OF DEATH

11760

Reg. Dist. No. 62

1. PLACE OF DEATH		2. USUAL RESIDEN	GE (HOME) OF DECEASE	D
COUNTY (Broline	MARYLAND	STATE Line	rylandounty Car	denie
CITY (Il outside corporate limits, pusite RURAL	LENGTH OF STAY	CITY (Il outside corpor	ate limits, write RURAL and give nee	west town)
OR end give neerest (gwn)	but sure blocal	TOWN ()	San	*
HOSPITAL OR		STREET	(H rura) give location)	
INSTITUTION OR STREET ADDRESS	Y	ADDRESS		,
3. NAME OF (first)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) SAMUEL	GRAHAM	NaTTLE	DEATH) (C	7, 1055
5. SEX 6. COLOR OR 7. SINGLE, M	ARRIED, 80 DATE	OF BIRTH S	P. AGE lest birthday IF UNDER	
RACE WIDOWED (Specify)	pivorced Juli	18, 1868	8 yrs. Months	Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if	. KIND OF BUSINESS/ OR INDUSTRY	11. BIRTHPLACE (State or loreis	on country)	2. CITIZEN OF WHAT
retired)	arm ohner	ruary	land	udito
13. FATHER'S NAME	n-1/2.	14. MOTHER'S MAIDEN	NAME	
Tilgleman	frotto	Coursela	line laylor	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	(17, INFORMANT & A	DDRESS	CF 11 C
(Il Yes, give wer or detes of service)		Tura hus	ster. Vosa, Ve	noton, and,
's piccases on comprisons pincerty assemble to be		ERTIFICATION		INTERVAL BETWEEN
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	1 11	2.	1 11	UNSEI AND DEATH
196 X IMMEDIATE CAUSE (A)	acor / de	ruly //)and	ende -	6 mu
ANTECEDENT CAUSE(S) DUE TO	11/	1 % C. 1+ 0	leas to	2 11
DISEASES OR CONDITIONS, IF ANY, (B)	II WALLAND	10 Value	20147	
STATING UNDERLYING CAUSE LAST. DUE TO				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
	NGS OF OPERATION			20. AUTOPSY?
				YES NO
	(Homa, farm, factory, reet, office bldg., etc.)	21c, WHERE DID INJURY OCCUR	? (City or town) (Cour	nty) (Stele)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour)	21e. INJURY OCCURRED While Not while	211. HOW DID INJURY OCCUR	?	
M.	et work			
22. I hereby certify that I attended the d	eceased from Jacobs	14 19.54 to Lac	19.5.5., that I	last saw the deceased
aliya on A 46-7, 1955,				
SIGNATURE			RESS (Streat, city, town, stata)	DATE SIGNED
Winson O Tea	M.D.	Denta	4 mil-	12/8/55
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY O	R CREMATORY	LOCATION (City, town, or county	y) (Stefe)
REMOVAL (SPECIFY) Dec10, 195	55 Desole		12 slow.	Tuesty Cons
24. REC'D BY REGISTRAR REGISTRAR'S SIGNA	TURE	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS_4
DATE 1218/55 (Mr.D)	Teorge	- Wind	hove for	Intor hed



UREAU V. S.

M. D.

Greensboro

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

ADDRESS

Greensboro. Id.

DATE THEREOF

REGISTRAR'S SIGNATURE

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OF INJURY

23. BURIAL, CREMATION, REMOVAL (SPECIFY)

DATE REC'D BY LOCAL

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COUNTY

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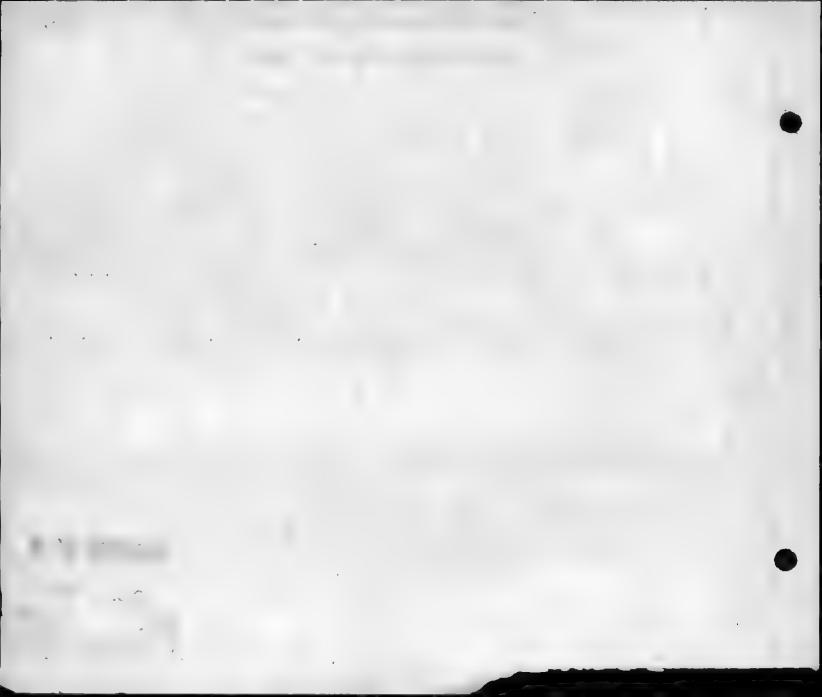
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11764 CERTIFICATE OF DEATH

Peg.	Dist.	No.

11762

1. PLACE OF DEATH				2. USUAL RES	DENC	E (HOME) OF D	ECEASE	D	
COUNTY Carolin	ne	MARYL	AND	STATE PER	ryla:	nd county	Car	oline	
CITY (If outside corporate Ijm	its, write RURAL	LENGTH OF	STAY	CITY (If outside		e limits, write RURAL a	nd give ne	erest town)	
X OR and give neerest town) X Preston		(in this pl		OR TOWN P	rest	on - Rural			
HOSPITAL OR	A COLOR	1 40 00		STREET			ve location)		
INSTITUTION OR	mithson			ADDRESS	Cmi.	thson			
7	mil CHSOH	(Middle)		(Lest)	OHL			76.	
DECEASED				` .		4. DATE (Mo	nu) ecem		(Year)
S. SEX 6. COLOR OF	arles	George	0 0175 6	Truitt					6 , 55
RACE	WIDOWED	ARRIED, DIVORCED,	8, DATE C	77 7000		AGE lest birthdey	Months		Hours Min.
Male White				er 11, 1880					
10e. USUAL OCCUPATION (Give k	ind of work 10b life, even if	KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (Steta o	r foreign	country)	1	2. CITIZEN	N OF WHAT
remed) refired	Farmer	or industry	*	Sussex Cour	ity,	Delaware		U.B.	1 p
13. FATHER'S NAME				14. MOTHER'S MA	DEN NA	ME			
Henry Tr	ruitt			Julia Bu	urto:	n			
15. WAS DECEASED EVER IN U. S		16. SOCIAL SECU	JRITY NO.	17. INFORMAN	T & ADI	DRESS			
(Yes, no, or unk.) (If Yes, give w	er or dates of service)	None		Mrs. Cha	rle	s L. Perry	, Pre	ston,	rla.
I DISEASES OR CONDITIONS DIR		16. ME	DICAL CER	TIFICATION				INTER	RVAL BETWEEN
				6		,		ONS	ET AND DEATH
430.0 IMMEDIATE CAUSE	(A)	FC+17 LUI	200001	Ucciu	221	14			1048
ANTECEDENT CAUSE	(S) DUE TO	les ente	tie 1	Dhut Lise.	. (1			1	
DISEASES OR CONDITIONS, IF A	ATTCE	(10) () CHO	- 116 6	PICU 1 - 1310	~			- 4	4011)
STATING UNDERLYING CAUSE L	AST. DUE TO								
II OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING								
TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSIL									
19a, DATE OF OPERATION		NGS OF OPERATION	1					20	. AUTOPSY?
0								YES	NO
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21d. TIME OF INJURY (Month)	(Dey) (Yeer) (Hour)	21e. INJURY OCCU	RRED while	21f. HOW DID INJURY O	OCCUR?				
	м.		vork						
22. I hereby certify the	at I attended the d	eceased from. Z.	122	19. 5/ to	12/	Ø 195)	that I	last sav	the deceased
alive on 12/6	19 15	and that death	occurred at	11:30AM from	he car	ises and on the	deta etat	ed about	
SIGNATURE	O(1)				IDDRE	ESS (Street, city, tow	n, stala)		Date signed
Much	DI Rem	1162 .	M.D.	Preston, i	larv	land	Dec	. 7,	
23. BURIAL, CREMATION,	DATE THEREOF	NAME OF	CEMETERY OR	CREMATORY		LOCATION (City, tow	n, or count	γ)	(State)
REMOVAL (SPECIFY) Burial	Dec. 9. 19	955 Bridg	eville	Cemetery		Bridgevil	le, D	elawa	re
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNA	TURE		25. FUNERAL DIRECT	OR'S SIG	GNATURE		ADDRESS	
DATE 11-7-5-	10 March	. Iv. die		J.J.Frampt	om e	and Son, Fed	deral	sburg	, Md.
DAIL / L	- Marie	, we have	nmer						



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 It

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1. PLACE OF DEATH:				2. USUAL RE	SIDENCE	E (HOME)	OF DEC	EASED:		
county Caroline		MARYLA	ND	STATE	Mary	land co	UNTY	Carol:	ine	
CITY (If outside corporate OR and give nearest tow Y TOWN Pederals	n)	LENGTH (in this	place)	CITY (If OR TOWN		orporate lin		RURAL	and giv	re nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	enton Road			STREET ADDRESS	De:	nton R	f rural, g	ive locati	on)	
3. NAME OF (Fin DECEASED: (Type or Print)		Middle)	1/	(Last)		4. DATE OF DEATI	(Mo		(Day) 20	(Year) 1955
5. SEX: 6. COLOR C RACE: W hite	WIDOWED, (Specify):	DIVORCED,	Dec.	6, 1898		57	yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION work done during most even if retired): Hous	(Give kind of 10b. K of work life, e Painter	IND OF BUS NDUSTRY: Paintin				(State or ounty.			12. C17.	UNTRY?
13. FATHER'S NAME:				14. MOTHER			:			
	ner Walls				ie Po					
15. WAS DECEASED EVER IN U. (Yes, no, or unk.) (If Yes, give service)	e war or dates of	ocial Securit		17. INFORMAN		DRESS:				
				William P		ls, Sa	lisbu	ry, liz	aryla	nd
I. DISEASES OR CONDITION	S DIRECTLY LEADIN	18 NG TO DEAT	8. MEDIC	AL CERTIFICA	TION				II.	nd NTERVAL BETWEEN PASET AND DEATH MINOSILATE
9/6,0 Immediate cause Antecedent cause(s)	S DIRECTLY LEADIN	18 NG TO DEAT	8. MEDIC	AL CERTIFICA	TION				II.	NTERVAL BETWEEN
9/6,0 Immediate cause Antecedent cause(s) Diseases or conditions, if	(a)	18 NG TO DEAT	8. MEDIC		TION				II.	NTERVAL BETWEEN
9/6,0 Immediate cause Antecedent cause(s)	(a) A DUE TO any, (b) 3.14	18 NG TO DEAT	8. MEDIC	AL CERTIFICA	TION				II.	NTERVAL BETWEEN
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Immediate cause Antecedent cause(s) Diseases or conditions, if giving rise to the above stating underlying cause II. OTHER SIGNIFICANT CO	(a)	Degrating	s. MEDIC. H: eali	al CERTIFICA	TION				Is to the second	NTERVAL BETWEEN
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Immediate cause Antecedent cause(s) Diseases or conditions, if giving rise to the above stating underlying cause II. OTHER SIGNIFICANT CO TO THE DEATH BUT DISEASE OR CONDITION 19a. DATE OF OPERATION: 21a. EXTERNAL CAUSE WA PRIMARY OF CONTRIBU CAUSE OF DEATH. 21d. TIME (Month) (Day) (OF INJURY/2- 2-L) 22. I hereby certify tha	(a)	DEATH THE STORY OCCUPANTS WIJERY OCCUPANTS THE Street, office of the street office of the street	ATION: ATION: Mactory Macto	21c. (City Bed above, he	or town) DID INI	TURY OCC	(Count	(not	Is No.	o. AUTOPSY? Yes \(\text{No.} \text{No.} \text{Yo.} \(\text{State} \)
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Immediate cause Antecedent cause(s) Diseases or conditions, if giving rise to the above stating underlying cause II. OTHER SIGNIFICANT CO TO THE DEATH BUT DISEASE OR CONDITION 19a. DATE OF OPERATION: 21a. EXTERNAL CAUSE WA PRIMARY OF CONTRIBUCAUSE OF DEATH. 21d. TIME (Month) (Day) (OF INJURY/? 2-L) 22. I hereby certify that find that death results SIGNATURE 23. BURIAL, CREMATION.	(a)	Dequire the remain decays a street.	ATION: m, factory bldg., etc. lower work work work a descrift, Accide	21c. (City Deed above, helent, Sui	or town) DID INJ eld an icide CHIEF ! DEPUTY ASSISTA	JURY OCC Autopsy , Homi MEDICAL MT MEDICAL	(Count	not (not (not (not (not (not (not (not (Le Control	o. AUTOPSY? Yee \(\text{No } \text{Cate}
Immediate cause Antecedent cause(s) Diseases or conditions, if giving rise to the above stating underlying cause II. OTHER SIGNIFICANT CO TO THE DEATH BUT DISEASE OR CONDITION 19a. DATE OF OPERATION 21a. EXTERNAL CAUSE WA PRIMARY OF CONTRIBU CAUSE OF DEATH. 21d. TIME (Month) (Day) (OF INJURY / 2- 2- L) 22. I hereby certify that find that death resul SIGNATURE	(a)	UTING THE C (Home, fare street, office to the remain of the causes	ATION: m, factory bldg., etc. york bldg., etc. work bldg., Accidented	21c. (City 21f. How bed above, helent M. D.	or town) DID INJ eld an icide CHIEF CHIEF CHIEF TORY	Autopsy, Homi MEDICAL INT MEDI LOCATI	(Count	(not) pection per liner liner AM. town, o	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	o. AUTOPSY? Yee \(\text{No.} \text{No.} \text{Yes} \(\text{DATE} \) inquiry \(\text{J}, and and acceptance \(\text{J}. \text{DATE SIGNED} \)

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

DEC SE 1952
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BUREAU V. S.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 7.2 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11764

11766 CERTIFICATE OF DEATH

	2. USUAL RESIDENCE (HOME) OF DECEASED			
county Caroline MARYLAND	STATE Maryla	and county	Caroli	.ne
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corpo	rata limits, write RURAL a	nd give naerest is	ownj
OR end give nearest town) X TOWN Preston 40 Years	TOWN Presto	าท		V
HOSPITAL OR	STREET		a location)	
INSTITUTION OR STREET ADDRESS	ADDRESS			•
3. NAME OF (First) (Middle) DECEASED	(Last)	4. DATE (Mor	ith) (Da	(Year)
	Zacker	DEATH]	2 7	7 1955
SEX 6 COLOR OR 7 SINGLE MARRIED LR DATE	OF BIRTH	9. AGE last birthday	IF UNDER 1 YE	
Male White (Specify) Single 9/9/	1888	67 yrs.	Months Da	ys Hours Min.
0e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or fore	gn_country)	12. C	ITIZEN OF WHAT
relied Farmer Farmer	Philadelphi:	Penn.	1 0	PUNTRY?A.
. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME		
Louis Zacker	Selma Kl	einwachter	1	
. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS		
(as, no, or unk.) (If Yas, give wer or delas of service) None	William	Kleinwach	nter	
DISEASES OR CONDITIONS, IF ANY, (B) SIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)				
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	,			
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	,			20. AUTOPSY? YES NO
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	21c. WHERE DID INJURY OCCU	R? (City or lown)	(County)	property property
TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISFASE OR CONDITION CAUSING DEATH. TO ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH FETHER, NOTIFY MEDICAL EXAMINER TO THE CONTRIBUTING CAUSE OF DEATH FETHER, NOTIFY MEDICAL EXAMINER	21c, WHERE DID INJURY OCCU		(County)	YES NO
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TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. P. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19c. MAJOR FINDINGS OF OPERATION 19c. MAJOR FINDINGS OF OPERATION 21b. PLACE (Homa, ferm, factory, OF INJURY street, office bidg., etc.) FETHER, NOTIFY MEDICAL EXAMINER) 10d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) M. SI WORK 2. I hereby certify that I attended the deceased from. 2. I hereby certify that I attended the deceased from. 31c. Major Majo	21f. HOW DID INJURY OCCU at 141.45 M, from the capp but mellocal	causes and on the causes (Street, cay, tow	, that I last date stated al	YES NO (State)
TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISFASE OR CONDITION CAUSING DEATH. TO DATE OF OPERATION TO ALL OF OPERATION OF INJURY street, office bidg., etc.) OF INJURY street, office bidg., etc.) TO INJURY Street, office bidg., etc.) TO INJURY OF OPERATION A el work office bidg., etc.) TO INJURY OF OPERATION A el work office bidg., etc.) TO INJURY OPERATION A el work office bidg., etc.) TO INJURY OPERATION A el work office bidg., etc.) TO INJURY OPERATION A el work office bidg., etc.) TO INJURY OPERATION A el work office bidg., etc.) TO INJURY OPERATION A el work office bidg., etc.) TO INJURY OPERATION A el work office bidg., etc.) TO INJURY OPERATION A el work office bidg., etc.) TO INJURY OPERATION A el work office bidg., etc.) TO INJURY OPERATION A el work office bidg., etc.) TO INJURY OPERATION A el work office bidg., etc.) TO INJURY OPERATION A el work office bidg., etc.) TO INJURY OPERATION A el work office bidg., etc.) TO INJURY OPERATION A el work office bidg., etc.) TO INJURY OPERATION A el work office bidg., etc.) TO INJURY OPERATION A el work office bidg., etc.) TO INJURY OPERATION A el work office bidg., etc.) TO INJURY OPERATION A el work office bidg., etc.) TO INJURY OPERATION A el work office bidg., etc.) TO INJURY OPERATION A el work office bidg., etc.)	217, HOW DID INJURY OCCU at 41.45 M, from the APD APD ACREMATORY	R?	, that I last date stated al	YES NO (State)
TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pe DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 10. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OF INJURY Street, office bidg., etc.) FETHER, NOTIFY MEDICAL EXAMINER) 10. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While at work et work et work et work 19 work	217, HOW DID INJURY OCCU at 41.45 M, from the APD APD ACREMATORY	causes and on the causes (Street, city, town LOCATION (City, town Preston	, that I last date stated at n, state) n, or county)	YES NO (State) I saw the decease bove, DATE SIGNE (Fate) [Aryland]

HTAGG TO ETADRITHED BATT

BUREAU V. S.